



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY
AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES

File Number
(1)

Release in Full of All Claims

Please read directions on the reverse side BEFORE completing this form.

IN CONSIDERATION of the payment of one dollar, paid to me by _____,
(2)

I/We do hereby release and forever discharge the party named above, from any and all claims

and demands for damage, injury or loss, arising out of the crash that occurred on _____
(3)

day of _____, _____.
(4) (5)

THIS RELEASE includes all future and unforeseen and unanticipated injuries, damages, loss and liability, as well as those now known to exist.

IT IS FURTHER agreed that this payment is not an admission of any liability.

Releasor Signature

Print Name of Releasor

Witness 1 Signature and Full Address

Witness 2 Signature and Full Address

Either Sign Above In The Presence Of Two (2) Witnesses or Sign Below In The Presence Of A Notary Public.

To be completed in the presence of Notary.

Releasor Signature

Print Name of Releasor

Notary Public Signature

Personally known ☐
or Produced Id. ☐
Type of Id. Produced:

Notary Public Stamp

Signed before me this _____
(Date)

Directions for completing the Release in Full of all Claims

Directions to Owner / Operator:

- Complete your portion of the form.
 - (1) Fill in the FR file number shown at the bottom of your letter.
 - (2) Print your name.
 - (3) Fill in the date of the crash.
 - (4) Fill in the month of the crash.
 - (5) Fill in the year of the crash.
- Make copies of the Release Form for **ALL** Releasors listed on the back of your letter.
- Obtain signature(s) from all Releasors.
- Return Release Form(s) to:
Bureau of Motorist Compliance
Neil Kirkman Building
2900 Apalachee Parkway, A212, MS 98
Tallahassee, FL 32399-0585

Directions to Releasor:

- If you are under 18 years of age, have your guardian complete this form.
- Please sign the form in the presence of two (2) witnesses, **OR** sign in the presence of a Notary Public.
- Return this form to the owner/operator.

Thank you for your cooperation.

Help Desk: (850) 617-2000